



MCOLES
Michigan Commission on Law Enforcement Standards

Pre-Enrollment Physical Fitness Examination

PHYSICIAN'S HEALTH SCREENING FORM

Examinee's Name (Last, First, Middle)	Date of Birth (M/D/YYYY)	Social Security Number*
Address (Street, City, State, Zip)		Drivers License Number

Note to Examining Physician/Physician's Assistant: *Your medical exam will attest that the examinee is physically capable of performing the following 4 exercises that are required to be performed during the MCOLES Physical Fitness Examination:*

- Vertical Jump** The examinee performs 3 standing vertical jumps, one jump at a time, jumping as high as possible each time.
- Sit-Ups** The examinee must complete as many sit-ups as possible in 60 seconds. The back must be flat on the mat, knees bent 90%, feet flat on the floor, hands overlapped behind the head, without interlocking their fingers.
- Pushups** The examinee must complete as many pushups as possible in 60 seconds. The hands must be shoulder width apart on the floor, elbows extended, locked out; feet no more than 6 inches apart; legs, hips and torso move in the same plane.
- One-Half Mile Shuttle Run** The examinee runs 15 round trips between two pylons placed 88 feet apart for time.

Note to the examining physician/physician's assistant: *You must sign below and provide the required information for this form to be valid.* This health screening is valid for a period of 180 days from the date of the medical screening.

My health screen of the above identified person reveals no apparent reason why this examinee cannot safely participate in the physical exercises described above.

Physician/Physician's Assistant Name (Printed)	Phone No.	Medical License No.
Address (Street, City, State, Zip)		
Signature		Date

Examinee: You must bring this ORIGINAL form with you, signed and completely filled out by your physician/physician's assistant, when you come to take the pre-enrollment physical fitness examination at an MCOLES authorized test site.

A MEDICAL PHYSICAL SCREENING CONDUCTED BY OTHER THAN A PHYSICIAN OR A PHYSICIAN'S ASSISTANT IS NOT ACCEPTABLE. FAILURE TO FOLLOW THIS PROCEDURE AND/OR OBTAIN THE APPROPRIATE SIGNATURES WILL PREVENT YOU FROM PARTICIPATING IN THE MCOLES PHYSICAL FITNESS TESTING.

Examinee's Signature	Date
----------------------	------

*This information is Confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Authority: P.A. 203 of 1965.
Compliance: Voluntary-necessary before testing.
Penalty: No admission to test.

Questions regarding completion of this form should be directed to the Standards Compliance Section (517) 322-6525.